Amputation Chart

Virginia Workers' Compensation Commission 1000 DMV Drive Richmond VA 23220

The boxes	Reserved	VWC file number	
are for the	Insurer code	insurer location	
use of the insurer	Insurer claim number		

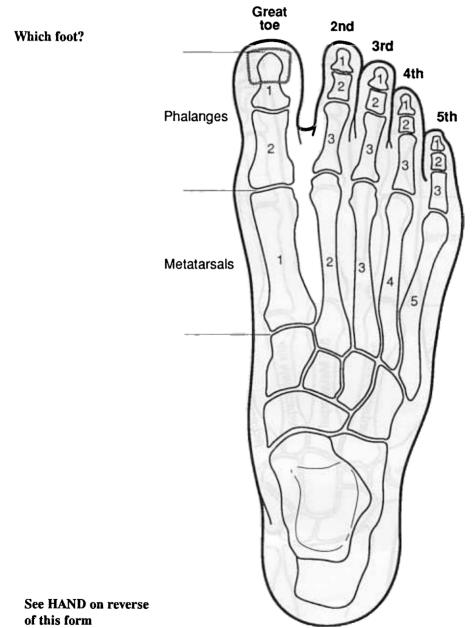
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Employer Name of employer		Date of accident	Date of amputation
raine of employer		Date of accident	Date of amputation
Employee			
Name of employee		Social Security Number	
1,			
		Second	
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	First or Index	OI	
	index	Ring	
		1910	
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	18	11/11/21	Little
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	Middle) (/Q1
		11/21/11	[4]
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Signature			
Chart marked by	M.D	Date	, 19

Amputation Chart

Vrginia Workers' Compensation Commission 1000 DMV Drive Richmond VA 23220

The boxes	Reserved	VWC file number	
to the right are for the	Insurer code	Insurer location	
use of the insurer	insurer claim number		

Date of accident	Date of amputation	
	1	
Social Security Number		
1000		



Signature

Chart marked by ______ M.D. Date ______, 19